

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4961AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2009
NAME OF PROVIDER OR SUPPLIER 7TH HEAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 PONCE DE LEON AVE LAS VEGAS, NV 89123		
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Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/15/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for nine Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 6/15/09, the facility failed to ensure that 3 of 3 caregivers received eight hours of annual training (Employee #1, #2	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 and #3). Severity: 2 Scope: 3	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 6/15/09, the facility failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #2) for the protection of all residents. The facility failed to ensure 2 of 3 employees had a pre-employment physical (Employee #1 and Employee #2). Severity: 2 Scope: 3	Y 103		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	Y 105		

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Y 105	Continued From page 2 This Regulation is not met as evidenced by: Based on record review on 6/15/09, the facility failed to ensure 1 of 3 caregivers met background check requirements (Employee #2). Severity: 2 Scope: 2	Y 105			
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review on 6/15/09, the facility failed to ensure 1 of 3 employees (Employee #2) completed training in first aid and cardiopulmonary resuscitation (CPR). Severity: 2 Scope: 2	Y 106			
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.	Y 175			

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Y 175	Continued From page 3 This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility failed to ensure adequate space for resident movement in the dining room and that that the back patio did not contain hazards for residents: - The dining room had decorative items, a large fish tank and other furniture crowded around the dining room table limiting use of the chairs. Personal mail and other items were stored on the dining room table evidencing it was not being used to serve meals to residents. - Several propane tanks and two gas grills were located on the patio. Severity: 2 Scope: 3	Y 175			
Y 177 SS=E	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility owner failed to ensure there was not an accumulation of refuse and personal items in 1 of 3 bathrooms. The owner was storing personal items, side bed rails, household equipment, and other items in the shower stall and around the toilet in the bathroom in bedroom #1. This storage would prevent the use to the toilet and	Y 177			

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Y 177	Continued From page 4 shower by residents. Severity: 2 Scope: 2	Y 177		
Y 179 SS=D	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility failed to provide screen doors on all of the bedroom windows to prevent the entry of insects. (Bedroom #5) Severity: 2 Scope: 1	Y 179		
Y 236 SS=F	449.216(2) Common Areas - Per Resident Size NAC 449.216 2. The common areas must be large enough to accommodate those to be served without overcrowding the areas. A minimum area of 15 square feet of total common area space per person must be provided. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the owner did not ensure the living room could accommodate nine residents. The living room measured 15.0 fr. x 12.83 ft, so was 192.45 sq. ft but contained a	Y 236		

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Y 236	Continued From page 5 large amount of furniture: a baby grand piano, a decorative screen, two stuffed leather couches that provided seating for only five people, a large screen television and tables. Severity: 2 Scope: 3	Y 236			
Y 238 SS=F	449.216(4) Dining Room - Per Resident Size NAC 449.216 4. The dining room must be sufficient size to accommodate all the residents comfortably. A minimum area of 10 square feet per person must be provided. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the owner did not ensure the dining room area could accommodate nine residents. The dining room measured 125 square feet but contained a very large dining table and chairs, stereo equipment, a fish tank, a grandfather clock and other decorative furnishings. Personal mail and other items were stored on the dining room table evidencing it was not being used to serve meals to residents. Severity: 2 Scope: 3	Y 238			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90	Y 272			

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Y 272	Continued From page 6 days. This Regulation is not met as evidenced by: Based on observation and interview on 6/15/09, the facility failed to ensure the menu posted in the facility was dated for the current week and that it had weekly menus for the last 90 days. Severity: 1 Scope: 3	Y 272			
Y 273 SS=D	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 6/15/09, the facility failed to provide a prescribed special diet for 1 of 3 residents (Resident #1 was prescribed a puree diet and use of a thickening agent in all liquids). Severity: 2 Scope: 1	Y 273			
Y 530 SS=F	449.260(1)(e) Activities for Residents NAC 449.260	Y 530			

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Y 530	Continued From page 7 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities. This Regulation is not met as evidenced by: Based on observation, interview and activity calendar review on 6/15/09, the facility failed to ensure it was providing at least 10 hours of activities suitable to the interest and capacities of 3 of 3 residents residing in the facility (Resident #1, #2 and #3). Severity: 2 Scope: 3	Y 530		
Y 621 SS=G	449.2702(4)(b) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint. This Regulation is not met as evidenced by: Based on observation and interview on 6/15/09, the facility was using a restraint on 1 of 3 residents (Resident #2). Findings include: Resident #2 was observed resting in her bed in the southwest corner of her bedroom. The head and right side of the bed were against walls of the room. A full side bed rail was attached to the left	Y 621		

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Y 621	Continued From page 8 side of the resident's bed. The owner, Employee #3, reported she was using the bed rail to keep the resident from getting out of the bed. She stated the resident was "jumping out of bed" earlier in the day. The side bed rail was being used to prevent the resident from leaving her bed. Severity: 3 Scope: 1	Y 621			
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 6/15/06 the facility failed to ensure that a medication administration agreement was obtained for 3 of 3 residents (Resident #1, #2 and #3). Severity: 1 Scope: 3	Y 876			
Y 898 SS=B	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:	Y 898			

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Y 908	Continued From page 10 This Regulation is not met as evidenced by: Based on record review on 6/15/09, the facility did not ensure the medication record was complete for 1 of 1 residents receiving as needed (PRN) medications (Resident #1). Severity: 1 Scope: 3	Y 908			
Y 921 SS=F	449.2748(2) Medication Storage NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility failed to ensure that refrigerated medications belonging to 1 of 3 residents were secured in the kitchen refrigerator (Resident #1). Severity: 2 Scope: 2	Y 921			
Y 990 SS=F	449.2756(1)(a) Alzheimer's facility pools NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means.	Y 990			

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Y 990	Continued From page 11	Y 990			
Y 991 SS=F	<p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility failed to ensure that a fish pond and water fall in the back yard were fenced to prevent access by 3 of 3 residents (Resident #1, #2 and #3).</p> <p>Severity: 2 Scope: 3</p>	Y 991			
Y 992 SS=F	<p>449.2756(1)(c) Alzheimer's Fac awake staff</p> <p>This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility failed to ensure that 3 of 3 exit doors had alarms installed and alarms that operated when the exit door was opened (The door to the backyard and the door to the garage were not alarmed. The front door alarm did not sound when the door was opened).</p> <p>Severity: 2 Scope: 3</p>	Y 992			

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Y 992	Continued From page 12 NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on observation and interview on 6/15/09, the facility failed to ensure one member of the staff was awake in the facility at all times (Employee #3 was the only person scheduled for to work for five consecutive days on the staffing schedule. Employee #3 stated she wakes up several times a night to check on the residents, but was not awake all night). Severity: 2 Scope: 3	Y 992			
Y 993 SS=E	449.2756(1)(d) Alzheimer's training NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768.	Y 993			

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Y 993	Continued From page 13 This Regulation is not met as evidenced by: Based on record review on 6/15/09, the facility failed to ensure that 1 of 3 caregivers received the required training to work in an Alzheimer's facility (Employee #2). Severity: 2 Scope: 2	Y 993		
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility failed to ensure a knife and screw driver found in the kitchen were locked and inaccessible to 3 of 3 residents (Resident #1, #2 and #3). Severity: 2 Scope: 3	Y 994		
Y 995 SS=E	449.2756(1)(f)(1) Alzheimer's Facility yard NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:	Y 995		

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Y 995	Continued From page 14 (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility failed to ensure 1 of 2 gates leading from the back yard were properly secured. (A short gate on the east side of the backyard was not locked and lead to a storage area that contained a pick ax and chemicals.) Severity: 2 Scope: 2	Y 995		
Y 996 SS=F	449.2756(1)(f)(2) Alzheimer's Fac 40 feet NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (2) Has at least 40 square feet of space for each resident in the facility. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily	Y 996		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 996	Continued From page 15 available to the members of the staff of the facility at all times. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility no longer provided at least 40 square feet of space in the backyard to accommodate nine residents due to the addition of a fish pond, water fountain, and complete furnishing of the patio area with couches, chairs, tables, a bed and other decorative items. Severity: 2 Scope: 3	Y 996			
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 6/15/09, the facility failed to ensure all toxic substances were appropriately secured: - Bathroom #1 contained unsecured rubbing alcohol, zinc oxide ointment, triple antibiotic ointment, ant and roach killer, and comet cleaner; - Bathroom #2 contained unsecured razors,	Y 999			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

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Y 999	Continued From page 16 Lysol, hair color, comet bleach; - Bathroom #3 contained centrum multi-vitamins, Tylenol, razors, benadryl and glutathione. Severity: 2 Scope: 3	Y 999			

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